SERIAL NO. FILING DATE **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 2nd AMENDMENT AS FILED 1st AMENDMENT IND. IND. DEP. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL TOTAL IND. TOTAL DEP. TOTAL DEP. TOTAL 14.80 TOTAL CLAIMS 1.00 DEC A.

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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